Please type a plus (+) sign factor this box -



PTO/SB/21 REV 1 (12/97)
Approved for use through 09/30/2000. omb 0651-0032

|  | ENCLOSUR           | RES (check all that apply)                  |  |
|--|--------------------|---|--|
| Total Number of Pages in This Submission   | 3                  | Attorney Docket Number                      | 0095-199                                   |
|  |                    | Examiner Name                               | Christopher S. Kim                         |
| (to be used for all correspondence after initial filing)   |                    | Group Art Unit                              | 3752                                       |
| TRANSMITTAL FO   | RM                 | First Named Inventor                        | Michael L. Clark                           |
| TAUFELL STATE OF THE STATE OF T |                    | Filing Date                                 | July 3, 2001                               |
|  |                    | Application Number                          | 09/898,736                                 |
| nder the Reguerwork Reduction Act of 1995, no pers   | ons are required t | o respond to a collection of information un | nless it displays a valid OMB control numb |

|   |   |      | ,   |  |  |  |
|---|---|------|---|--|--|--|
| Certified Copy of Document(s)  Response to Mis Incomplete Appli   | sponse  Request  Inment Request  Iosure Statement  I Priority  Issing Parts/        |      | After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  ✓ Additional Enclosure(s) (please identify below):  POSTCARD  Reaponse to Restriction Requirement  Affice Action mailed December 3, 2004, are oblicate, with \$120 Check for Required Fee: |  |  |  |
| the following: Fee Transmittal Form, in duplicate, with \$120 Check for Required Fee;<br>Response to Restriction Requirement; Petition for One Month Extension of Time; and<br>a prepaid Return Postcard. |   |      |   |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |   |      |   |  |  |  |
| Firm<br><i>or</i><br>Individual Name  | (Atty) Michael H. Jester<br>Reg. No. 28,022<br>The Law Offices of Michael H. Jester |      |   |  |  |  |
| Signature   | my & M  |      |   |  |  |  |
| Date  | January 31,2005   |      |   |  |  |  |
| CERTIFICATE OF MAILING  |   |      |   |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:   |   |      |   |  |  |  |
| MS - Amendment - Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:  |   |      |   |  |  |  |
| January 31, 2005  |   |      |   |  |  |  |
| Typed or printed name   | Michael H. Jeste  | er / |   |  |  |  |
| Signature   | mi  | W. M | Date 1-31-05 /  |  |  |  |
|   |   | · /  |   |  |  |  |